

Fee \$30.00

APPLICATION FEES ARE NOT REFUNDABLE

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package.

Please attach proof of your successful completion of high school or high school equivalency course.

- Mr. ☐
 Ms. ☐
1. **Name** _____
 Last First Middle Generation
2. **Social Security Number or Virginia DMV Control Number*** _____
 * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security number or a control number issued by the Virginia Department of Motor Vehicles.
3. **Date of Birth** _____
4. **Maiden Name or Former Surname(s)** _____
5. **Street Address** (PO Box not accepted) _____

 City State ZIP Code
6. **Mailing Address** (PO Box accepted) _____

 City State ZIP Code
7. **E-mail Address** _____
8. **Contact Numbers** Primary Telephone _____ Ext. _____
 Alternate Telephone _____ Ext. _____
 Facsimile _____
9. Do you have a current or expired temporary permit issued by the Virginia Board for Hearing Aid Specialists?
 No ☐
 Yes ☐ Virginia Permit Number 2 1 0 2 _____ Expiration Date _____
10. Do you have an expired hearing aid specialist license issued by the Virginia Board for Hearing Aid Specialists?
 No ☐
 Yes ☐ Virginia License Number 2 1 0 1 _____ Expiration Date _____

| FOR OFFICE USE ONLY | ENTITY # | FILE # | APPLICATION # | RECEIPT # | RECEIPT DATE |
|------------------------------|----------|------------|---------------|-----------|--------------|
| | FEE | TRANS CODE | LICENSE # | | ISSUE DATE |

| | | | | |
|--|---------|------|-----|--|
| | \$30.00 | 1020 | 2 1 | |
|--|---------|------|-----|--|

11. Do you have a current or expired hearing aid specialist license, certification or registration from another state?

No ☐

Yes ☐ If yes, list all the licenses, certificates and registrations in the following table *and* attach a Certification of Licensure/Letter of Good Standing, dated within the last 60 days, for each state.

| State/Jurisdiction | License Number | Expiration Date |
|--------------------|----------------|-----------------|
| | | |
| | | |
| | | |

12. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; **and** any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

14. Professional hearing aid-related experience. If additional space is needed, attach a separate sheet of paper.

| Dates | | Employer's Name and Address | Description of Duties | Supervisor's Name and Title |
|-------|----|-----------------------------|-----------------------|-----------------------------|
| From | To | | | |
| | | | | |
| | | | | |
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Consent To Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Hearing Aid Specialist License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understand, and complied with, all the laws of Virginia related to hearing aid specialist licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia*, and the *Virginia Board for Hearing Aid Specialists Regulations*.

Signature _____

Date _____

Sponsor Statement

I hereby certify that I am a licensed practicing Hearing Aid Specialist in the Commonwealth of Virginia and assume full responsibility for the competence and proper conduct of _____

Name of Temporary Permit Applicant

and will not assign him/her to carry out independent field work without on-site direct supervision until he/she is adequately trained for such independent activity.

Sponsor's Signature _____

Date _____

Sponsor's License Number 2 1 0 1 _____